

Common Practices in Treatment for Drug Using Offenders:

Results from the National Criminal Justice Treatment Practices Survey

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CJ-DATS Partners (www.cjdats.org)

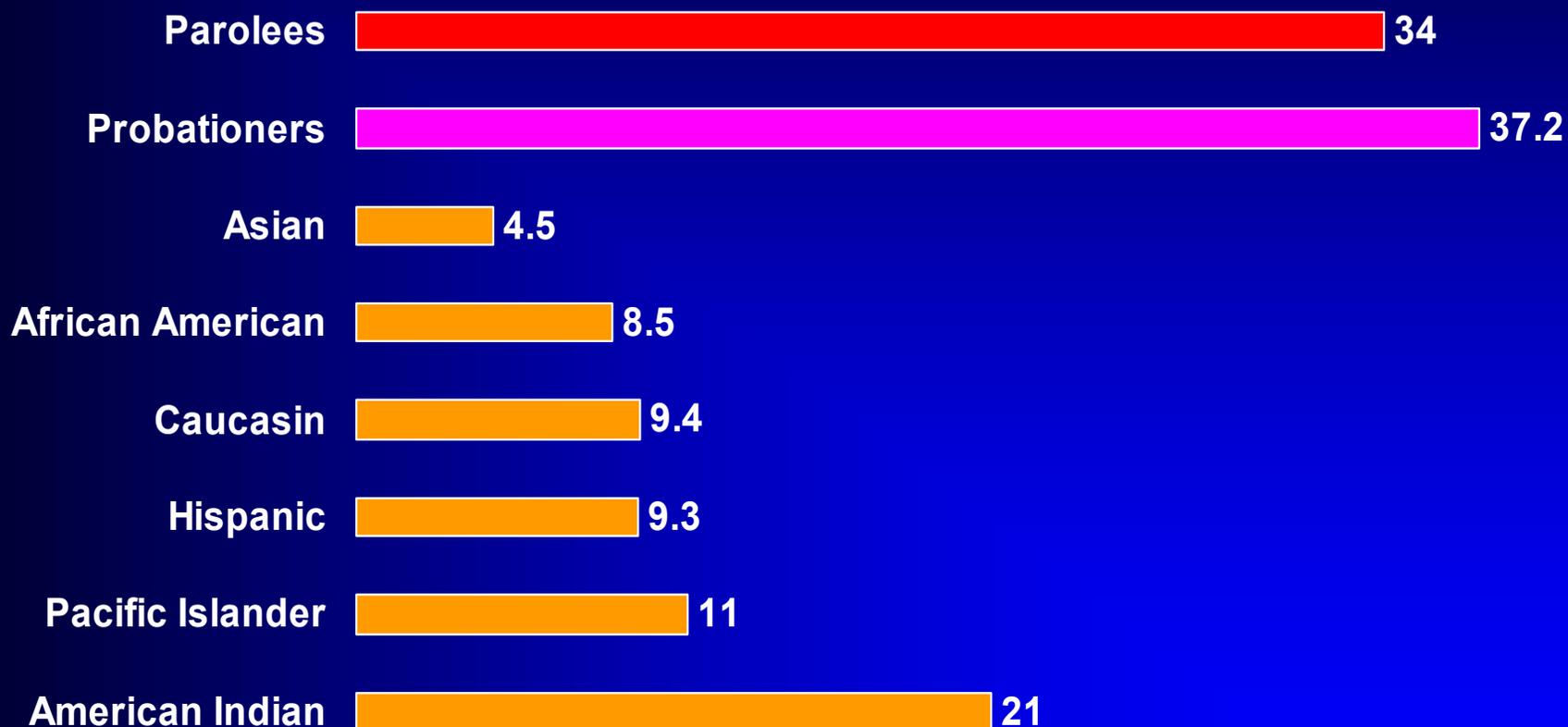
Research Partners

- National Institute on Drug Abuse
- Virginia Commonwealth University/University of Maryland, College Park
- Lifespan University/Brown University
- National Development & Research Institutes, Inc., Center for the Integration of Research to Practice & Center for Therapeutic Community Research
- University of Delaware
- Connecticut Department of MH & Addiction Services
- University of Kentucky
- University of California, Los Angeles
- University of Miami
- Texas Christian University

Stakeholder Groups

- American Correctional Association
- American Probation and Parole Association
- American Jail Association
- Justice Research and Statistics Association
- National Criminal Justice Association
- National Drug Court Professional Association/National Drug Court Institute
- Treatment Accountability for Safer Communities
- Council of Juvenile Corrections Administrators
- National Association of State Drug and Alcohol Directors

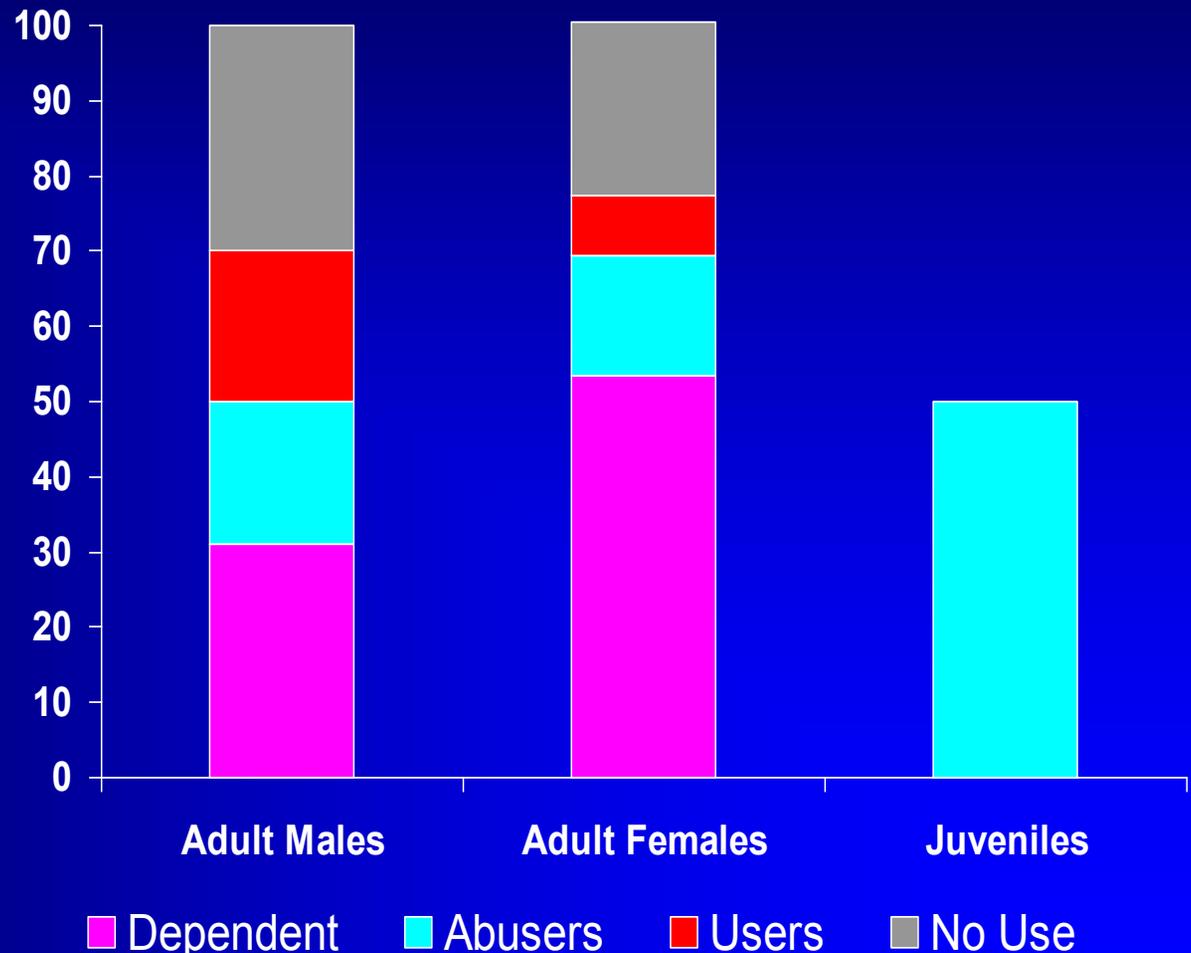
Justice-Involved are 4 Times More Likely to have a Substance Use Disorder than the General Population



In 2005, an estimated 22.2 million persons aged 12 or older were classified with substance dependence or abuse in the past year. *National Household Survey on Drug Use and Health, 2005.*

Severity of Substance Abuse Disorders Among Offender Populations

- 70-80% offenders have a substance abuse disorder
- Adults--31% Male, 50% Female need intensive services
- Juveniles—50% need services
- Limited, single studies on SUD for juveniles
- Limited, aged studies on SUD for adults



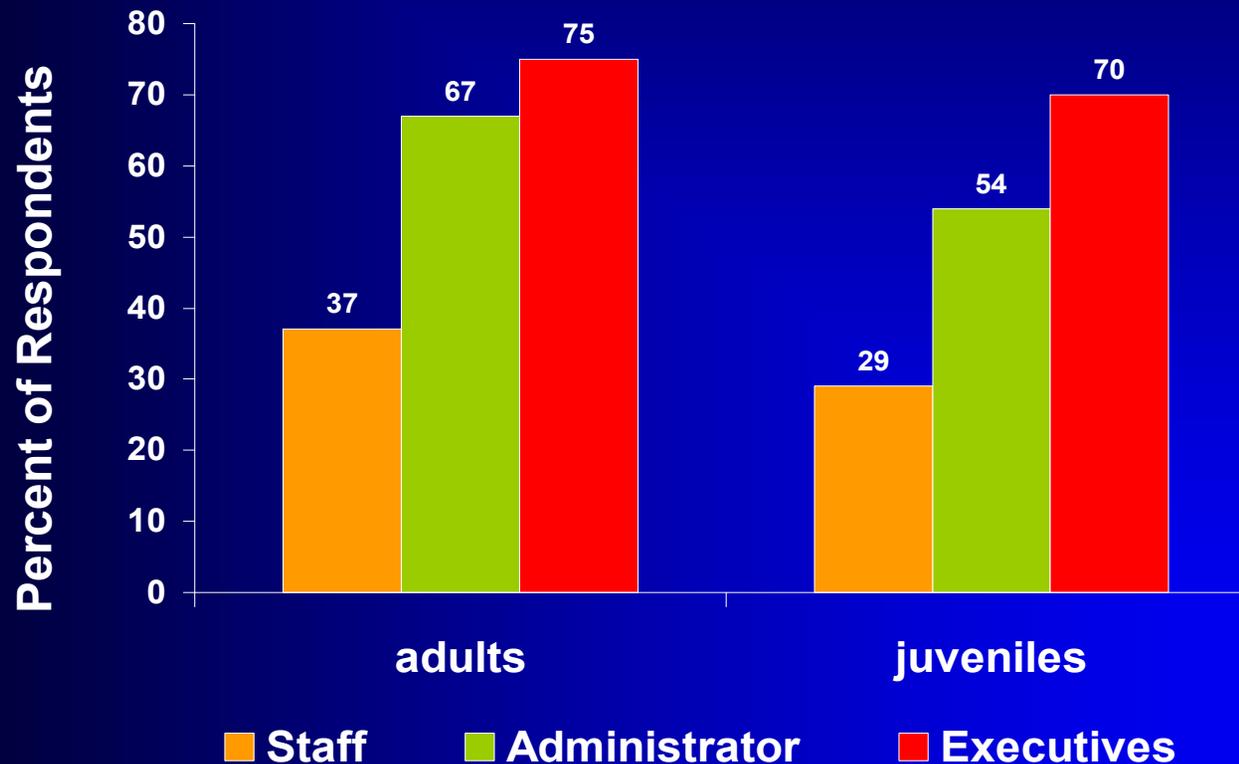
Topics Explored by NCJTP Survey

First National Survey of Correctional Agencies on Treatment Practice

- * **What substance abuse treatment services and correctional programs exist?**
- * **How easy is it for offenders to access substance abuse treatment services and other correctional programs?**
- * **Are the programs or treatment structured to reduce drug use? Recidivism?**
- * **Are the treatment services integrated with other agencies?**
- * **What structural or organizational barriers impact the quality of programs?**

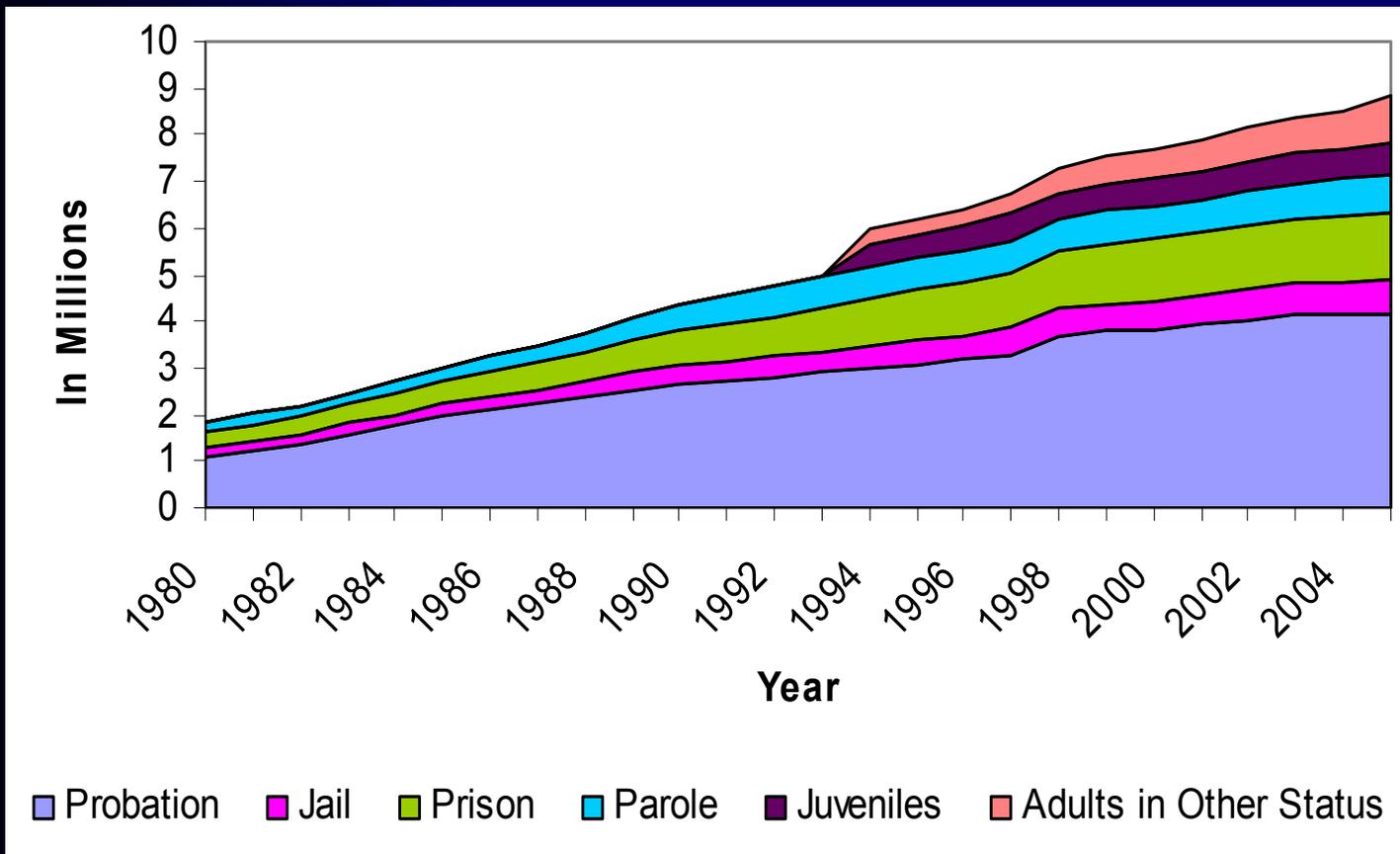
Response Rates from Survey

- * Survey administered via mail
- * **Multi-level** (Head of state agency, facility administrator, staff)



- * Analyses found that there was no difference in response by geography, size of jurisdiction/facility, or type of organization

Estimated Size of the Correctional Population: 8+m Adults & 650K Juveniles



424,046 adults receive SA TX (7.6%)

5,613,739 adults need TX (4.5M males, 1.1M females)

253,034 juveniles need TX (198,000 males, 54,000 females)

54,496 juveniles receive SA TX (21.5%)

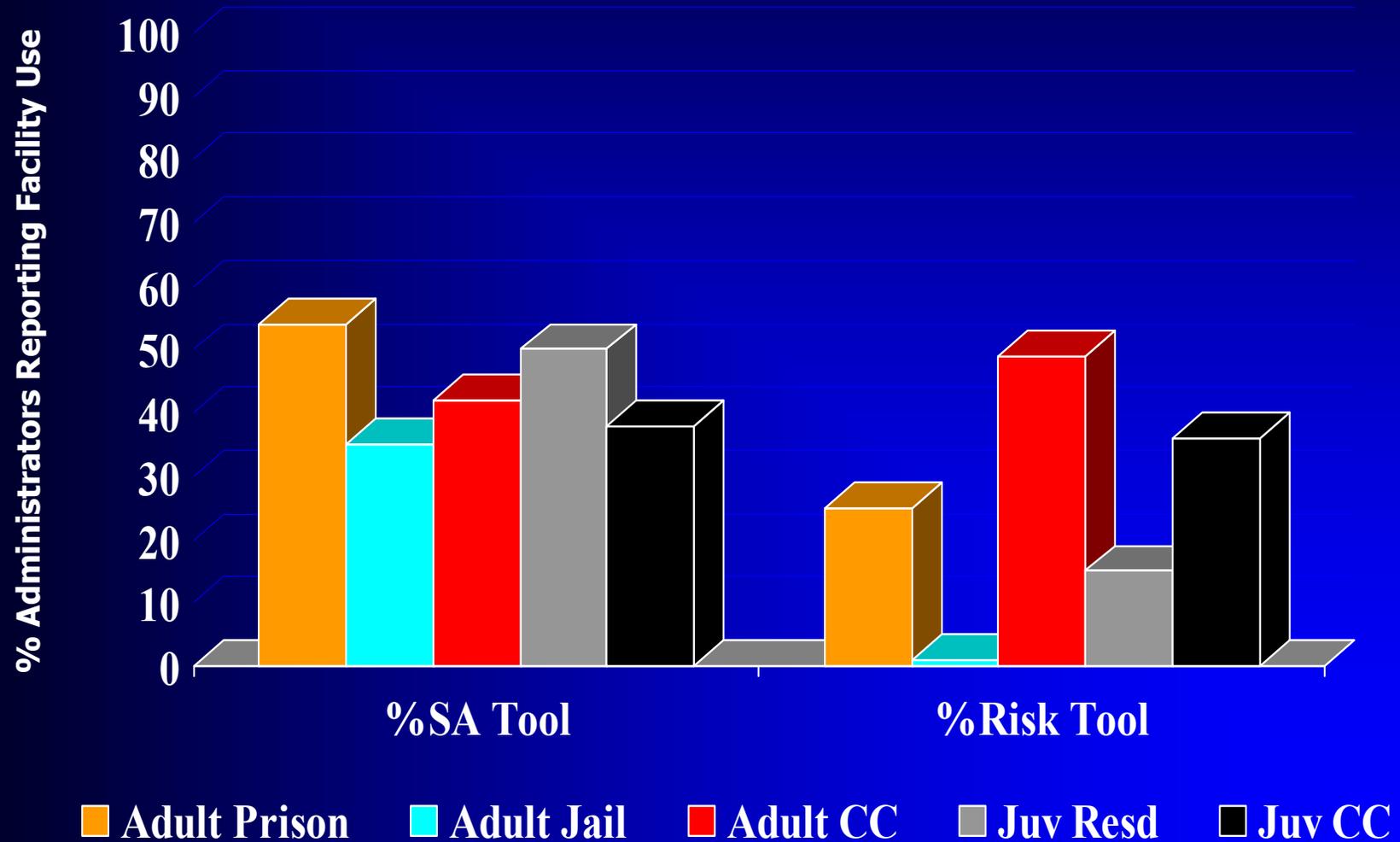
*Bureau of Justice Statistics, 2005 adjusted with estimates from Taxman, F. S., Young, D. W., Wiersema, B., Rhodes, A., & Mitchell, S (2007). National criminal justice treatment practices survey: Methods and procedures. *Journal of Substance Abuse Treatment* 32 (3): 225-238.

5 Practices to Improve Services

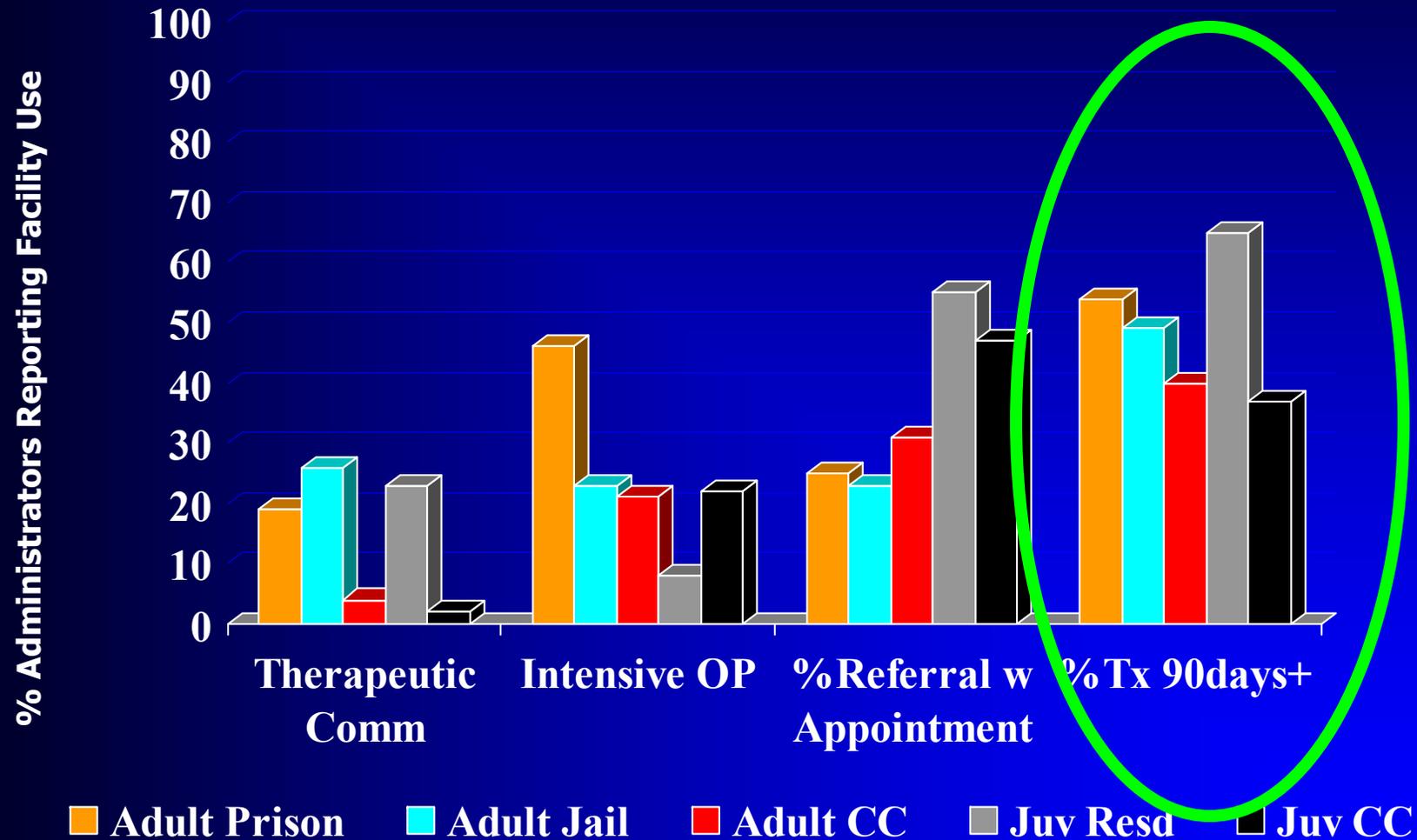
- Use an Actuarial Risk Tool to Screen for High Risk Offenders
- Use a Standardized SA Tool to Screen for Severity of Disorder
- Offer SA Programs that are > 90 days
- Offer Intensive Treatment or TC Programs*
- Provide Appointment to Treatment Services in the Community

*Treatment Orientation should be CBT based

Screening “Practices”



Tx Practices in “Practices”



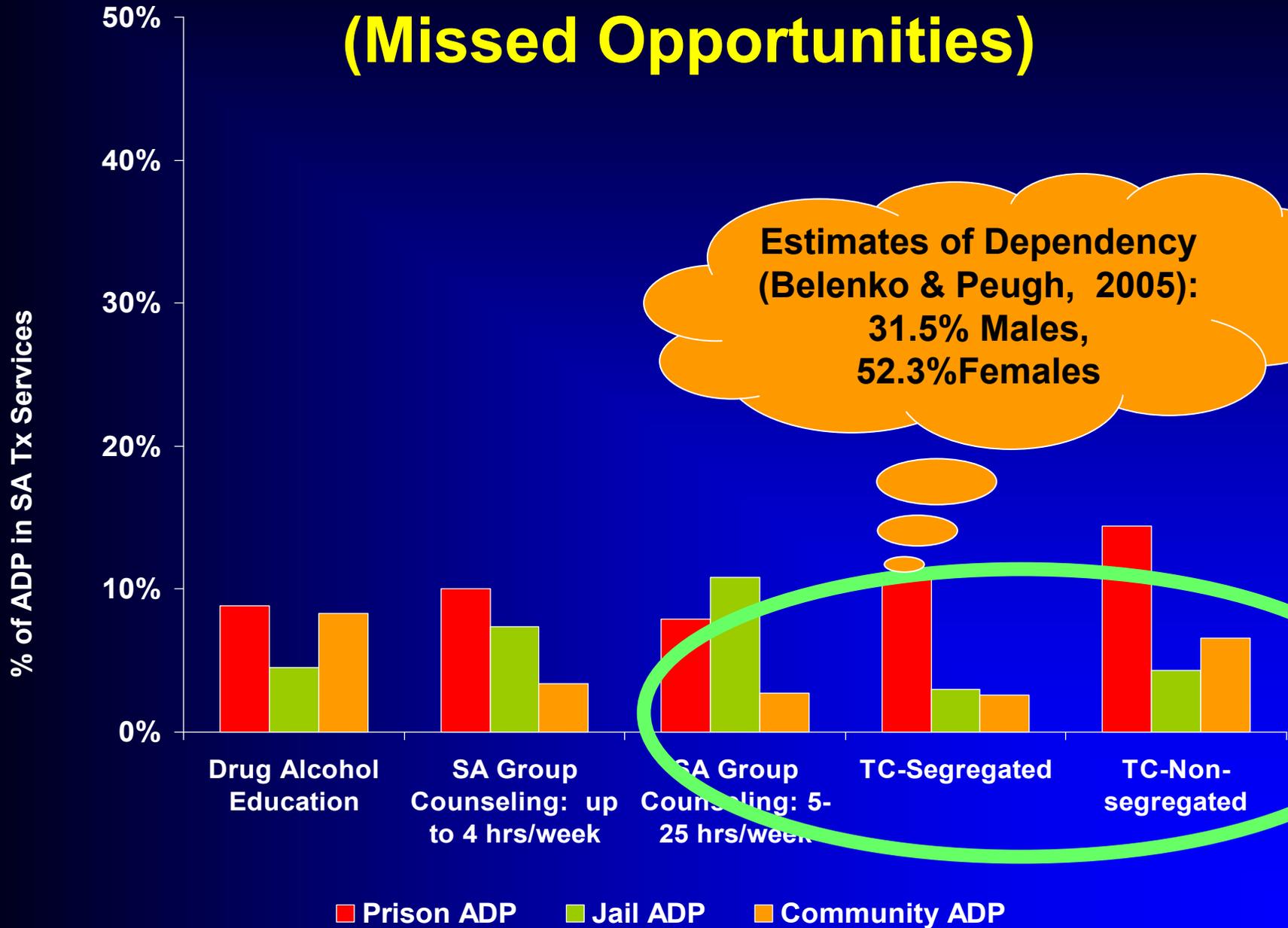
Juvenile & adult prisons are more likely to report the use of CBT treatments than facilities in community settings

Taxman, Perdoni & Harrison, 2007; Young, Dembo, & Henderson, 2007

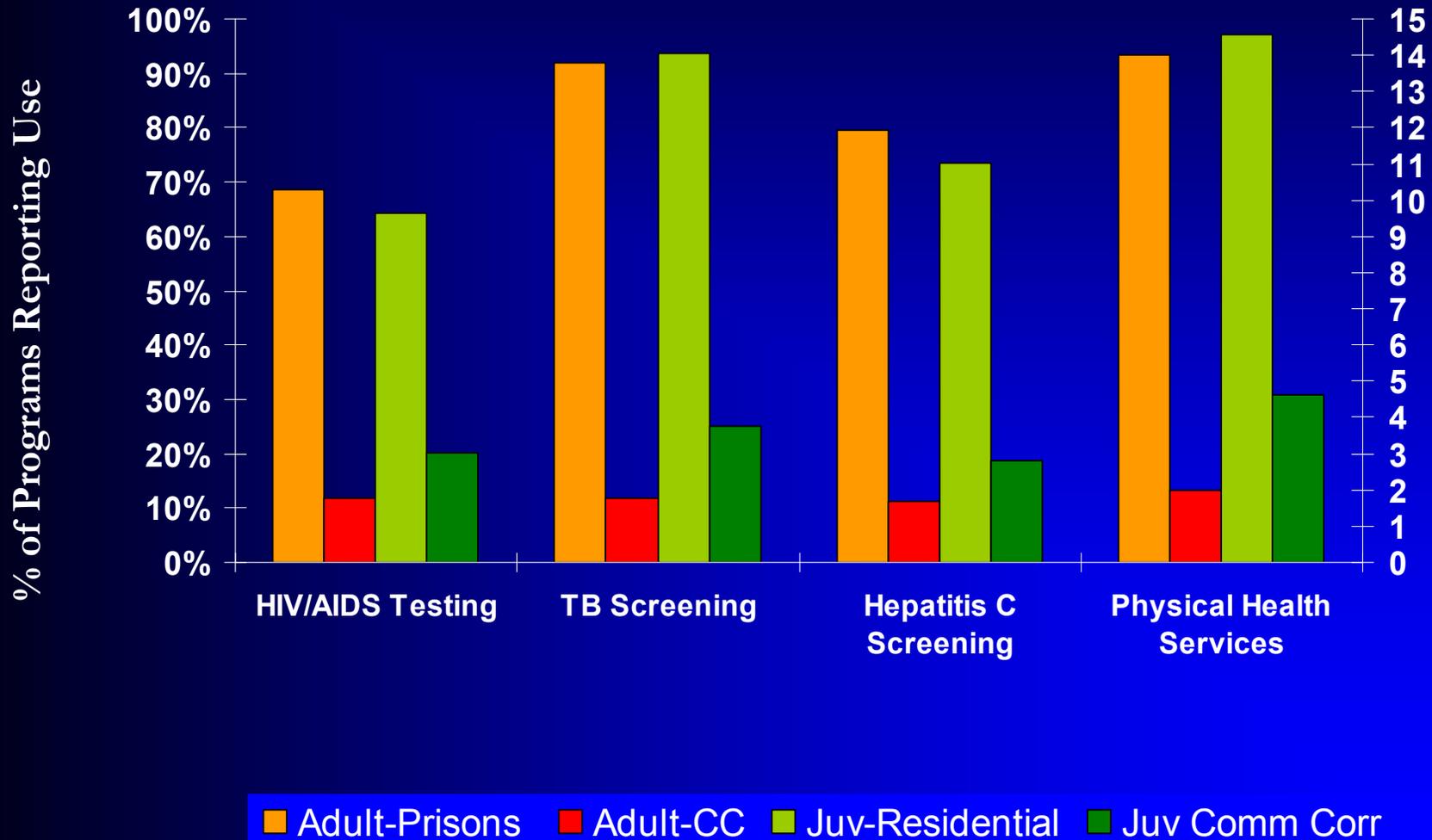
Type of SA Services Offered

- Few Offenders Can Access Services on Any Given Day
- Majority are Drug-Alcohol Education
 - Adult Prison—74%, 8.8% ADP
 - Adult Jail—61%, 4.5% ADP
 - Adult CC—53.1%, 15.5% ADP
 - Juv Res—88%, 30%ADP
 - Juv CC—80.2%, 8.2ADP
- Low Intensity OP (<4Hrs/Week)
- CBT based therapies are reported to be provided in a third of the juvenile residential and adult prison programs; only 1 in 5 community based programs report use

% of Adult ADP in SA Treatment Services (Missed Opportunities)



Health Related Services Reported Available by Correctional Administrators



Elements of Evidence-Based Practice (from Meta-Analysis & Expert Consensus Panels)

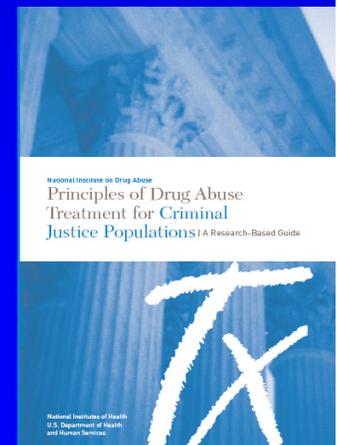
System Issues

- ❖ Standardized risk assessment
- ✓ Standardized substance abuse assessment
- ✓ Use Tx matching strategies
- ❖ Family involvement in treatment
- ✓ Systems integration
- ✓ Use of drug testing in treatment
- ✓ Use of graduated sanctions and incentives
- ❖ Availability of qualified treatment staff
- ❖ Assessment of treatment outcomes

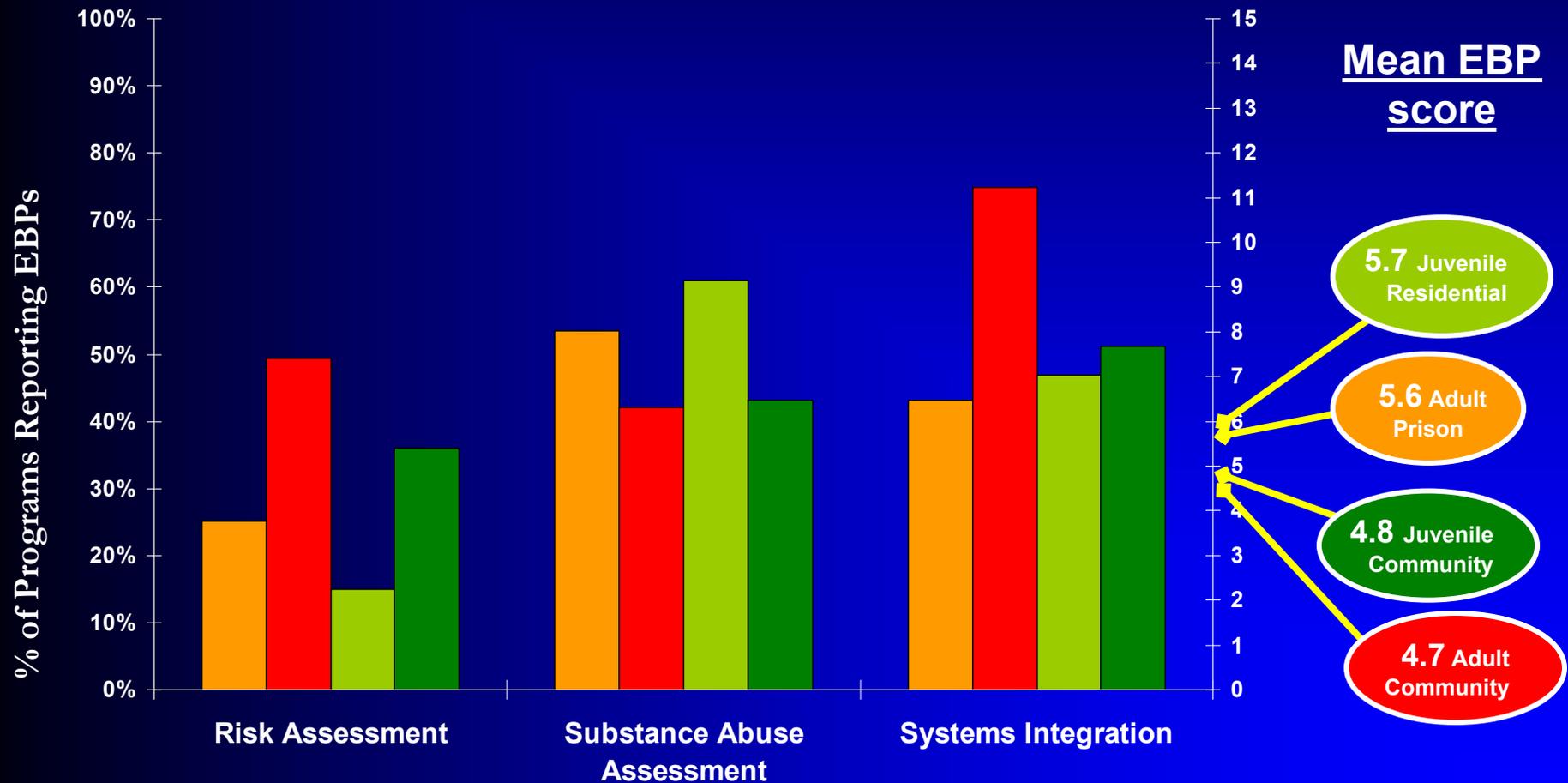
Clinical Issues

- ✓ Use of therapeutic community/CBT
- ✓ Treatment duration of 90 days or longer
- ✓ Continuing care or aftercare
- ❖ Use of techniques to engage and retain clients in treatment
- ❖ Addressing co-occurring disorders
- ❖ Use of role playing in treatment sessions
- ❖ Small group treatment size (i.e. small client to counselor ratio)

Created a Score Based on Availability (N/Y)



Prevalence of EBPs Reported by Correctional Administrators in National CJDATS Survey



Factors* Associated with the Use of EBPs in Adult Correctional & SA Treatment Programs

Correctional Administrators:

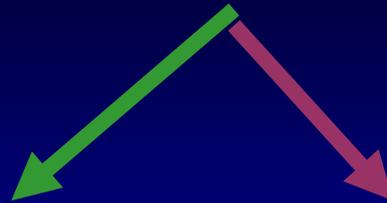
- Community based programs
- Administrators:
 - Background in human service
 - Knowledge about EBP
 - Belief in rehabilitation
- Performance driven culture
- Emphasis on training
- Emphasis on internal support

Treatment Directors:

- Larger % of correctional population
- Administrators
 - Years in running programs
 - Belief in importance of SA in community
- Accredited program

- * All factors listed were statistically significant in multivariate analyses.
- Factors not impacting use of EBPs: Physical Plant, Staffing, Leadership

Factors* Associated with the Use of CBT & TC in Adult Correctional Programs



Therapeutic Community

- Drug Abuse Treatment Facility
- Size of the Program (logged)
- Believe in Importance of Community Treatment (p<.1)

Cognitive Behavioral Therapy

- Ranking of Staff Influence on Treatment Improvements
- Importance of SA in community
- Planned Duration is 90-181 Days
- Use of written protocols (p<.1)

Implications of Research

- Differences in Orientation of TX-- Prison (TC) & Community (CBT)
- Affects Discontinuity in Tx Approaches in Prison & Community

* All factors listed were statistically significant in multivariate analyses.

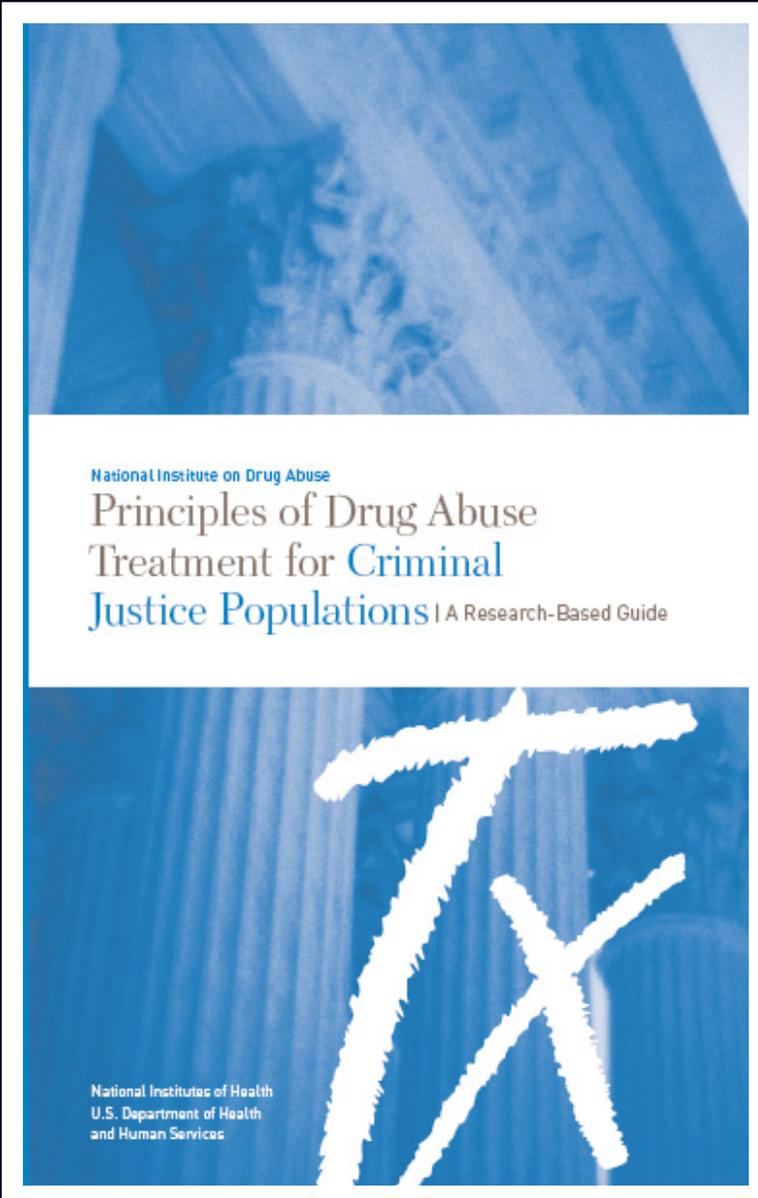
Limitations of the Survey

- * Cross sectional survey - does not examine historical influence of factors or casual relationships
- * Self-report by administrators on programs/ services and EBPs
- * May be subject to overreporting of programs/services due to perceived social desirability of certain answers
- * Familiarity with nomenclature may have affected responses to questions

State of Practice

- Drug Abusing Offenders are *Unlikely* to Receive Adequate Treatment Services—too few offenders to have an impact on behavior/outcomes
- Risk-need-responsivity model is still “under construction”, but more in place in prison-based TCs
- System needs strategies to make gains in implementation
 - Few knowledge barriers, lack of tools
 - Adoption is Affected by procedures within organizations
 - Adoption is Affected by System Barriers across agencies
 - Adoption is Affected by Staff issues—training, development, skills
- Continue to develop practices to provide for a continuum of care with community and prison-based programs that have similar treatment orientations and philosophies

WWW.CJDATS.ORG



Journal of Substance Abuse Treatment

Special NCJTP Issue, April 2007, Volume 32(3)

- Taxman, F. S., Young, D. W., & Fletcher, B (editors). The National Criminal Justice Treatment Practices Survey: An overview of the special edition. (Pages 221-223)
- Taxman, F. S., Young, D. W., Wiersema, B., Rhodes, A., & Mitchell, S. National criminal justice treatment practices survey: Methods and procedures. (Pages 225-238)
- Taxman, F. S., Perdoni, M., & Harrison, L. D. Drug treatment services for adult offenders: The state of the state. (Pages 239-254)
- Young, D. W., Dembo, R., & Henderson, C. E. A national survey of substance abuse treatment for juvenile offenders. (Pages 255-266)
- Friedmann, P. D., Taxman, F. S., & Henderson, C. E. Evidence-based treatment practices for drug-involved adults in the criminal justice system. (Pages 267-277)
- Henderson, C. E., Young, D. W., Jainchill, N., Hawke, J., Farkas, S., & Davis, R. M. Adoption of evidence-based drug abuse treatment practices for juvenile offenders. (Pages 279-290)
- Grella, C., Greenwell, L., Prendergast, M., Farabee, D., Hall, E., Cartier, J., & Burdon, W. Organizational characteristics of community and correctional treatment providers. (Pages 291-300)
- Oser, C., Tindall, M. S., & Leukefeld, C. HIV testing in correctional agencies and community treatment programs: The impact of internal organizational structure. (Pages 301-310)